

**WASHINGTON STATE
DEPARTMENT OF RETIREMENT SYSTEMS**

MEMBERS' ANNUAL STATEMENTS SEQUENCE REQUEST

Note: To have members' annual statements run in employee control number sequence, you must provide all the information requested before DRS can process your request.

Employer Name: _____

Phone No.: (_____) _____

Contact Name: _____

To run member statements in employee control number sequence, the tape or diskette must meet the attached specifications and reach DRS by late January of the current year.

— Tape information:

Tape ID Number _____

_____ 1600 BPI or _____ 6250 BPI

_____ Labeled or _____ Non-labeled

— Diskette

Mail this form and the tape or diskette by late January of the current year, to the following address:

ATTN: Employer Support Services
State of Washington
Department of Retirement Systems
P.O. Box 48380
Olympia, WA 98504-8380